

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

FILED  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
JAN 05 2023  
JEFFREY P. ALLSTEADT, CLERK  
INTAKE 2

In re: Jerome Joseph Hall ) Chapter 13  
)  
) No. 18-22354  
)  
Debtor(s) ) Judge A. Benjamin Goldgar

**NOTICE OF MOTION**

TO: See attached list

PLEASE TAKE NOTICE that on January 30, 2023, at 9:30 A.M., I will appear before the Honorable A. Benjamin Goldgar, or any judge sitting in that judge's place, **either** in courtroom 642 of the Everett McKinley Dirksen United States Courthouse, 219 S Dearborn Street, Chicago IL 60604, **or** electronically as described below, and present the motion of application for payment of unclaimed funds (form 1340) [to/for] Jerome J Hall (Claimant), a copy of which is attached.

**All parties in interest, including the movant, may appear for the presentment of the motion either in person or electronically using Zoom for Government.**

You may appear electronically by video or by telephone.

**To appear by video**, use this link: <https://www.zoomgov.com/>. Then enter the meeting ID and passcode.

**To appear by telephone**, call Zoom for Government at 1-669-254-5252 or 1-646-828-7666. Then enter the meeting ID and passcode.

**Meeting ID and passcode.** The meeting ID for this hearing is 1615000972, and the passcode is 726993. The meeting ID and passcode can also be found on the judge's page on the court's web site.

**If you object to this motion** and want it called on the presentment date above, you must file a Notice of Objection no later than two (2) business days before that date. If a Notice of Objection is timely filed, the motion will be called on the presentment date. If no Notice of Objection is timely filed, the court may grant the motion in advance without calling it.

By: \_\_\_\_\_

Claimant  
2496 S Blue Island Ave, Unit 2F  
Chicago IL 60608

**CERTIFICATE OF SERVICE**

I, Jerome J Hall, certify [if an attorney]/declare under penalty of perjury under the laws of the United States of America [if a non-attorney] that I served a copy of this notice and the attached motion on each entity shown on the attached list at the address shown and by the method indicated on the list on 12/28/22, at NOON.

  
[Signature]

The following served by first class U.S. Mail:

Debtor's Attorney  
**Ashley Chike**  
**Geraci Law L.L.C.**  
**55 East Monroe St. Suite #3400**  
**Chicago, IL 60603**

**U.S. Trustee**  
**Patrick S Layng**  
**Office of the U.S. Trustee, Region 11**  
**219 S Dearborn St Room 873**  
**Chicago, IL 60604**

**Case Trustee**  
**Thomas H. Hooper**  
**Office of the Chapter 13 Trustee**  
**55 E. Monroe St., Suite 3850**  
**Chicago, IL 60603**

**Chief Civil Division**  
**U.S. Attorney's Office**  
**219 S. Dearborn Street, Room 710**  
**Chicago, IL 60604**

Fill in this information to identify the case:

Debtor 1 Jerome Joseph Hall  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois  
(State)

Case number: 18-22354

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**Form 1340 (12/19)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$1,560.15

Claimant's Name: Jerome J Hall

Claimant's Current Mailing Address, Telephone Number, and Email Address: 2496 S Blue Island Ave Unit 2F  
Chicago IL 60608  
(708) 262-4335

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney**

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Northern District of Illinois  
Chief Civil Division  
U.S. Attorney's Office  
219 South Dearborn Street  
Chicago, Illinois 60604

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 12-17-22

Signature of Applicant

Jerome J Hall

Printed Name of Applicant

Address: 2496 S Blue Island Ave Unit 2F  
Chicago IL 60608

Telephone: (708) 262-4335

Email: \_\_\_\_\_

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF Illinois

COUNTY OF Cook

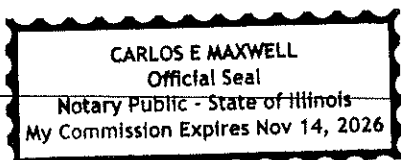
This Application for Unclaimed Funds, dated 12/17/2022 was subscribed and sworn to before me this 17 day of December, 2022 by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:



**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires: